



Please Print
Christian County Health Department
Seasonal Food Permit Application

Commissary (off-site food storage) _____
 Address _____ City _____
 Phone: _____
 Vending Location _____ City _____
 Org./Business Name _____ Phone _____
 Address _____ City, State, Zip _____
 Onsite Contact Person _____ Onsite Contact Person Cell Phone _____
 Trained Food Handler _____ Class _____ Expiration Date _____

Dates of Operation

□□/□□/□□□□

to

□□/□□/□□□□

Operation cannot exceed 4 months

A fee of \$35.00 will be assessed for a seasonal food permit.

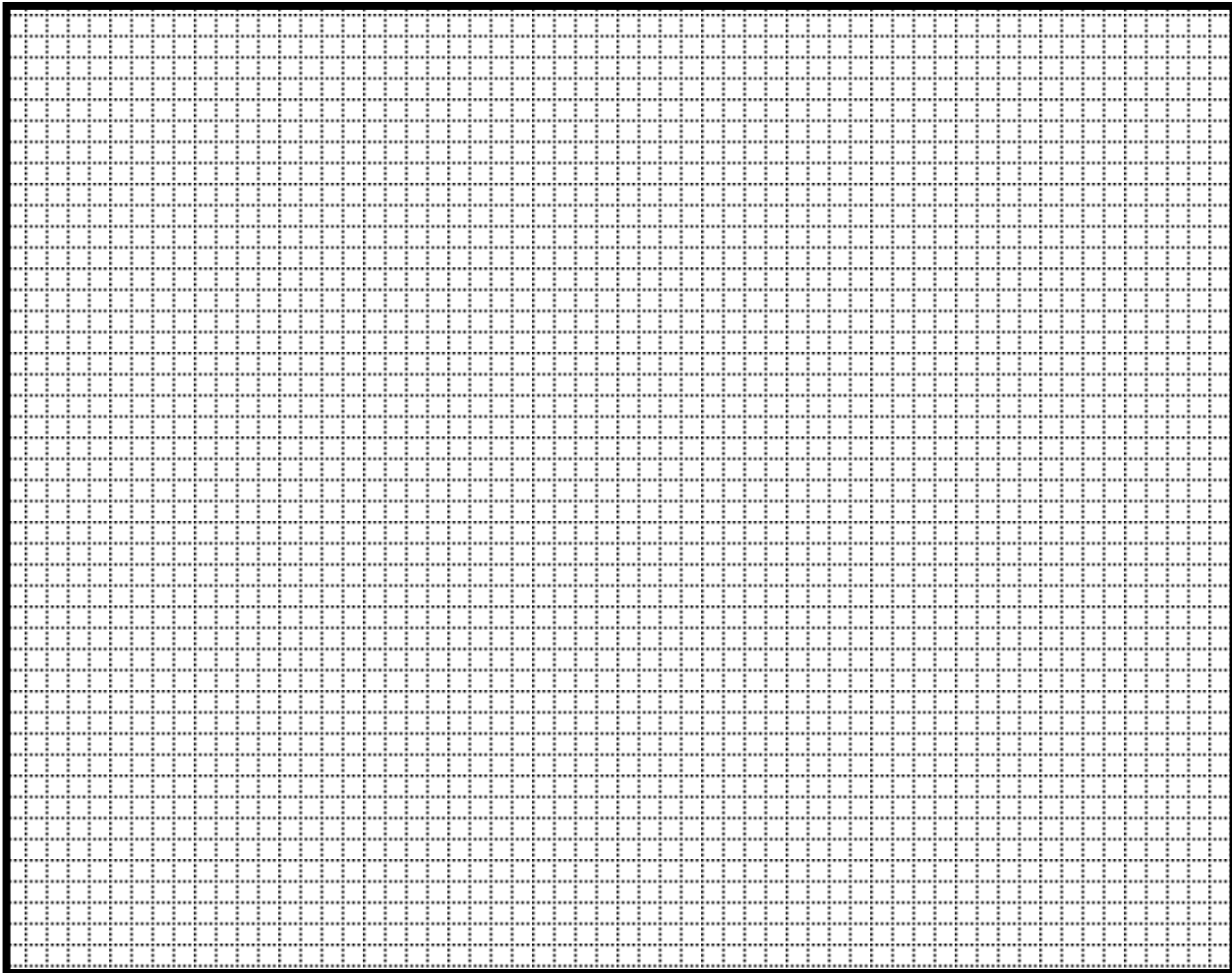
Signature _____ **Date** _____

Food Menu List

Food	Supplier	Location Food Prep Occurs:	Date and Time Food Prep Occurs:

In the space below, please draw a brief sketch of how you plan to set up your vendor booth at the event or how your mobile unit is arranged. Please include the location of all food preparation tables, display/sampling tables, display cases, cold holding units, hot holding units, hand washing station, wash/rinse/sanitize station (if communal, please note approximate distance to station).

Dimensions in feet _____ X _____



Office Use Only

EPHS Initials _____ Receipt # _____
 EPHS Number _____ Check # _____ Cash
 Date _____ Int. _____
 Supervisor Approval Yes No
 Supervisor Initials _____
 Date Permit Issued _____
 Permit Number Issued _____

Some food meets exemption status of food establishment per 1999 Missouri Food Code. Yes No

*Information on exempt status provided to applicant. Yes No

Copy of current health inspection if food is not prepared in Christian County.